



*Office Use Only*

Date Received: \_\_\_\_\_

Case Number: \_\_\_\_\_

MBL: \_\_\_\_\_

### **Code Complaint Form**

Please use this form to report suspected zoning violations or concerns related to any zoning issue you observe. You may return this form to the Community Development Department by email, mail, or in person. Please include your name, address and a phone number where you can be reached should we need any additional information, or remain anonymous if you wish to do so. If sending the form using email, please send it to [Code@WindhamNH.Gov](mailto:Code@WindhamNH.Gov).

Upon submission of this form, the Code Enforcement Administrator will review the complaint and determine whether a violation exists or not. Sole submission of this form alone does not determine whether an inspection should be conducted nor that a violation exists.

COMPLAINANT NAME: \_\_\_\_\_

COMPLAINANT ADDRESS: \_\_\_\_\_

COMPLAINANT CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COMPLAINANT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCATION OF SUSPECTED VIOLATION: \_\_\_\_\_

DATE OF VIOLATION(S): \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ MAP: \_\_\_\_\_ LOT: \_\_\_\_\_

*Please use the space on the following page to describe the violation. Include any dates that violations occurred as well as any previous actions taken by yourself or the property owner.*

**DESCRIPTION OF THE VIOLATION:**

---

---

---

---

---

---

SIGNATURE OF COMPLAINANT: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*\**FOR OFFICE USE ONLY*\*\*\*\*\*

#### DEPARTMENT FINDINGS/RECOMMENDATION:

---

---

---

#### ACTION TAKEN:

---

---

---

---

---

---

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_